

Rutgers SAFETY Clinic

Mandatory for all volunteers of youth sports. Coaches and assistants who attend this workshop will be covered under the law, which provides immunity from civil damages. It is mandatory for all coaches and assistants participating in Township activities to become certified.

Date: Monday, September 13, 2004

Time: 6:30pm to 10:00pm

Location: Bridgewater Senior Citizen Center



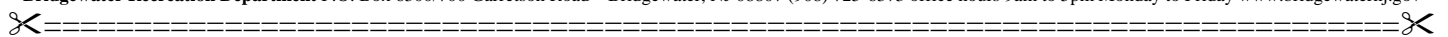
There is no registration fee for volunteer coaches participating in any Bridgewater Recreation programs, however a registration form is required to guarantee a spot. This registration includes a book, reference manuals and certification card.

If you are in need of certification and have a conflict with the above date contact the Rutgers Youth Sports Research Council at (732) 932-7178 for other clinics in the area or visit their website www.youthsports.rutgers.edu.

Space is limited, registration is based on first come first serve at the Bridgewater Recreation Department, Bridgewater-Raritan resident coaches will be taken first before out of town coaches if course fills up.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the “REC” mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov



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Last Name: _____ First Name: _____ Circle _____
Gender: Male or Female
Mailing Address: _____ Town: _____ Zip: _____
Home Phone #: () _____ Work Phone #: () _____
Cell Phone #: () _____ E-mail Address: _____
Program/League you are coaching in: _____

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before participating in any Recreation program. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date



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